

Holder Record Layout

Field Number	Field Name	Field Description	Field Type	Field Length	Starting Position	Ending Position	Required/Optional	Values	Comments
1	TR Code	Denotes the type of record	Numeric	1	1	1	Required	1	
2	Holder Tax ID	Federal Employer Identification Number (FEIN) assigned to you by the Federal government.	Numeric	9	2	10	Optional	Zeroes	The State of Virginia will already have this data in their system.
3	Holder Tax ID Extension	Additional suffix for departments or branches filing unclaimed property reports using the same tax id number.	Numeric	4	11	14	Optional	Zeroes	This field is not applicable for Virginia. See comments for field #17 below.
4	Holder Report Year	The four-digit year in which the property is being reported.	Numeric	4	15	18	Required		Examples: Property reported as of June 30, 1997 would have a 1997 report year and property reported as of December 31, 1997 would have a 1997 report year.
5	Holder Report Type	Indicates the type of report being submitted.	Character	1	19	19	Required	"R" or "T"	Only two values are acceptable for this field. An "R" denotes a remittance report (money and property are being remitted) and a "T" denotes a test report.
6	Holder Report Number	Sequence number used when multiple reports are filed during a year.	Character	2	20	21	Optional	Spaces	This field is not applicable for Virginia.
7	Holder Report Format	Indicates the format followed for electronic filing.	Character	1	22	22	Required	"N"	"N" indicates NAUPA format and it is the only format that will be accepted by the State of Virginia
8	Holder SIC Code	Four-digit Standard Industrial Classification code that indicates your primary business activity.	Numeric	4	23	26	Optional	Zeroes	The State of Virginia will already have this data in their system.
9	Holder Incorporated State	The two-character postal abbreviation of the state in which the company is incorporated. For savings & loan associations, savings banks, banks, and credit unions, the state of charter.	Character	2	27	28	Optional	Spaces	The State of Virginia will already have this data in their system.
10	Holder Incorporated Date	The date of incorporation for the company.	Numeric	8	29	36	Optional	Zeroes	The State of Virginia will already have this data in their system.
11	Holder Name	Name of the company/institution for which this report is being submitted.	Character	40	37	76	Optional	Spaces	The State of Virginia will already have this data in their system.
12	Holder City	The city in which the company's headquarters is located or primary place of business for the tax id noted above.	Character	30	77	106	Optional	Spaces	The State of Virginia will already have this data in their system.
13	Holder County	The county in which the corporate headquarters is located or primary place of business for the tax id noted above.	Character	20	107	126	Optional	Spaces	The State of Virginia will already have this data in their system.

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Field Number	Field Name	Field Description	Field Type	Field Length	Starting Position	Ending Position	Required/Optional	Values	Comments
14	Holder State	The two-character postal abbreviation of the state in which the corporate headquarters is located or primary place of business for the tax id noted above.	Character	2	127	128	Optional	Spaces	The State of Virginia will already have this data in their system.
15a	Contact 1 Name	Name of the person responsible for the report (e.g., the person who compiled the report).	Character	40	129	168	Required		Name must be in first, middle, last order with <i>each separated by a space</i> . For example: "John Paul Jones" not "John,Paul,Jones" or "JohnPaulJones".
15b	Contact 1 Address 1	First address line for person responsible for the report.	Character	30	169	198	Required		
15c	Contact 1 Address 2	Second address line for person responsible for the report.	Character	30	199	228	Required		
15d	Contact 1 Address 3	Third address line for person responsible for the report.	Character	30	229	258	Required		
15e	Contact 1 City	City for the contact person's address.	Character	30	259	288	Required		Do not use commas or abbreviations. For addresses outside the United States (foreign country) leave this field blank and fill in the full address for the contact using address lines 1 thru 3 only.
15f	Contact 1 State	Two-character postal abbreviation for the contact person's address.	Character	2	289	290	Required		For addresses outside the United States (<i>foreign</i>), use a state abbreviation of "FO".
15g	Contact 1 Zip	The 5 or 9 character zip code for the contact person's address.	Character	9	291	299	Required		If only a 5-character zip code, put spaces in the remaining last 4 digits. For foreign addresses, leave this field blank.
15h	Contact 1 Country	Three-character country abbreviation for the contact person's address. Refer to Appendix B for a valid list of country codes.	Character	3	300	302	Required		See Appendix B for a valid list of country codes.
15i	Contact 1 Phone - Area Code	The area code for the contact person's phone number.	Numeric	3	303	305	Required		
15j	Contact 1 Phone - Phone	The contact person's 7-digit phone number	Numeric	7	306	312	Required		
15k	Contact 1 Phone - Extension	The contact person's phone extension.	Character	4	313	316	Required		If there is no extension, leave this field blank.
16a	Contact 2 - Name	Name of the person responsible for claims..	Character	40	317	356	Optional	Spaces	This field is not applicable for Virginia.
16b	Contact 2 - Address 1	First address line for the claims contact person.	Character	30	357	386	Optional	Spaces	This field is not applicable for Virginia.

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Field Number	Field Name	Field Description	Field Type	Field Length	Starting Position	Ending Position	Required/Optional	Values	Comments
16c	Contact 2 - Address 2	Second address line for the claims contact person.	Character	30	387	416	Optional	Spaces	This field is not applicable for Virginia.
16d	Contact 2 - Address 3	Third address line for person the claims contact person.	Character	30	417	446	Optional	Spaces	This field is not applicable for Virginia.
16e	Contact 2 - City	City for the claims contact person's address.	Character	30	447	476	Optional	Spaces	This field is not applicable for Virginia.
16f	Contact 2 - State	Two-character postal abbreviation for the claims contact person's address.	Character	2	477	478	Optional	Spaces	This field is not applicable for Virginia.
16g	Contact 2 - Zip	The 5 or 9 character zip code for the claims contact person's address.	Character	9	479	487	Optional	Spaces	This field is not applicable for Virginia.
16h	Contact 2 - Country	Three-character country abbreviation for the claims contact person's address. Refer to Appendix B for a valid list of country codes.	Character	3	488	490	Optional	Spaces	This field is not applicable for Virginia.
16i	Contact 2 Phone - Area Code	The area code for the claims contact person's phone number.	Character	3	491	493	Optional	Spaces	This field is not applicable for Virginia.
16j	Contact 2 Phone - Phone	The claims contact person's 7-digit phone number.	Character	7	494	500	Optional	Spaces	This field is not applicable for Virginia.
16k	Contact 2 Phone - Extension	The claims contact person's phone extension.	Character	4	501	504	Optional	Spaces	This field is not applicable for Virginia.
17	Holder ID	The holder ID number provided to you by the Virginia Abandoned Properties Division.	Numeric	9	505	513	Required		If you do not know your ID, please contact the Electronic Holder Reporting Coordinator at the Virginia Abandoned Properties Division. <i>The report will not be processed without a Holder ID .</i>
18	Filler	Unused space in the record.	Character	64	514	577	Optional	Spaces	

Property Record Layout

Field Number	Field Name	Field Description	Field Type	Field Length	Starting Position	Ending Position	Required/Optional	Values	Comments
1	TR Code	Denotes the type of record	Numeric	1	1	1	Required	2	
2	Sequence Number	A unique number for each property record.	Numeric	6	2	7	Optional	Zeroes	This field is not applicable for Virginia.
3	Owner Type	Identifies the type of owner being reported.	Character	1	8	8	Optional	Space	The state of Virginia only accepts primary owner information (type of "P"). And all property records are assumed to be primary owner information.
4	Owner Name ID	Designates whether this owner is a business or company.	Character	1	9	9	Required		If the owner is a company or business, enter "C" to identify the name of this record as being a company. Otherwise, leave this field blank.
5	Owner Name Last	The owner's last name or the company name or the business name. Company names containing initials should contain spaces between them (i.e., 'J J Reynolds' versus 'JJ Reynolds'). If the owner is an aggregate, enter "Aggregate" into this field. If the owner or owners are unknown, enter "Unknown" into this field. Virginia's aggregate dollar limit per account is \$50.00.	Character	40	10	49	Required		Punctuation marks (commas, apostrophes, periods, etc.) are not acceptable. Do not use numerics unless absolutely necessary. Do not abbreviate the first word of the company. The word 'first' should never be abbreviated as '1st'. Exceptions can be made when a number is part of a company logo or registered trademark such as A1 Inc. or 84 Lumber.
6	Owner Name First	First name for this owner.	Character	30	50	79	Optional		If not available, leave this field blank.
7	Owner Name Middle	Middle name or initial for this owner.	Character	10	80	89	Optional		If not available, leave this field blank.
8	Owner Name Prefix	Prefix (e.g., M/M for Mr. and Mrs.).	Character	10	90	99	Optional		If not available, leave this field blank.
9	Owner Name Suffix	Suffix (e.g., Jr., Sr., II) for this owner if not already included in the last name.	Character	10	100	109	Optional		If not available, leave this field blank.
10	Owner Name Title	The owner's title such as Dr., Pvt., Rev. or profession.	Character	6	110	115	Optional		Do not use punctuation. If not applicable, leave this field blank.
11a	Owner Address 1	The first line of the last known address for this owner even if mail has been returned by the post office.	Character	30	116	145	Optional		When determining whether a claimant is the rightful owner, confirmation of this address is very important. If the owner's street address is unknown, leave this field blank. Do not fill with "Unknown" or "Address Unknown" or "n/a" or "na".


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Field Number	Field Name	Field Description	Field Type	Field Length	Starting Position	Ending Position	Required/Optional	Values	Comments
11b	Owner Address 2	The second line of the last known address for this owner.	Character	30	146	175	Optional		If the owner's street address is unknown, leave this field blank. Do not fill with "Unknown" or "Address Unknown" or "n/a" or "na".
11c	Owner Address 3	The third line of the last known address for this owner.	Character	30	176	205	Optional		If the owner's street address is unknown, leave this field blank. Do not fill with "Unknown" or "Address Unknown" or "n/a" or "na".
12	Owner City	The city of the last known address for this owner.	Character	30	206	235	Optional		For addresses outside the United States, list the province, etc. If the owner's city is unknown, leave this field blank. Do not fill with "Unknown" or "Address Unknown" or "n/a" or "na".
13	Owner County	The county of the last known address for this owner.	Character	20	236	255	Optional	Spaces	This field is not applicable for Virginia.
14	Owner State	Two-character postal abbreviation for the owner's last known address state.	Character	2	256	257	Required		If the owner's last known address is unknown, use "NA" for this field. If the owner's last known address is outside the United States, use a state abbreviation of "FO".
15	Owner Zip	The 5 or 9 character zip code for the owner's last known address.	Character	9	258	266	Optional		If only a 5-character zip code, put spaces in the remaining last 4 digits. For foreign addresses, leave this field blank. If unknown, leave this field blank.
16	Owner Country	The country of the last known address for this owner.	Character	3	267	269	Optional	Spaces	This field is not applicable for Virginia.
17	Owner Tax ID	For an individual owner, the Social Security Number (SSN). For a company, the Federal Employer Identification Number (FEIN).	Character	9	270	278	Required		When establishing ownership, the SSN/FEIN is very important. This number will be used for identification purposes only. It is confidential and will not be released as public information. If the owner's SSN is unknown, put zeroes in this field.
18	Owner Tax ID Extension	The owner's SSN or FEIN extension.	Character	2	279	280	Optional	Spaces	This field is not applicable for Virginia.

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Field Number	Field Name	Field Description	Field Type	Field Length	Starting Position	Ending Position	Required/Optional	Values	Comments
19	Owner Birth Date	The owner's date of birth.	Character	8	281	288	Optional		Date format must be YYYYMMDD where YYYY equals the year, MM equals the month and DD equals the day. If unknown, put spaces in this field.
20	Start (last) Transaction DT	The date on which the last deposit/withdrawal occurred or the date on which the property became payable, redeemable, or returnable (i.e., issue date of a check).	Character	8	289	296	Required		Date format must be YYYYMMDD where YYYY equals the year, MM equals the month and DD equals the day. If your records reflect a year only, use a value of "01" for MM and DD (e.g., 1988/01/01). If the year is not known, put spaces in this field.
21	End Transaction DT	This field is not applicable for Virginia.	Character	8	297	304	Optional	Zeroes	
22	Property Type	Code that distinguishes one property type from another.	Character	4	305	308	Required		Refer to Appendix C for a listing of valid property types. If following the NAUPA printed codes list, note that Virginia has extended the codes list to include more property types applicable to Virginia.
23	Amount Reported	The amount due the owner before any deductions (e.g., taxes) were subtracted. This field is specifically for property involving money.	Numeric	10	309	318	Optional		The amount reported is a ten-digit, zero-filled field with 2 decimal places assumed. The decimal point is not actually entered. For example, \$253 = 0000025300 and \$253.73 = 0000025373. If not applicable, put zeroes in this field.
24	Deduction Type	A code that indicates the reason for a deduction in the gross amount due the owner. Applicable only if Deduction Amount is greater than zero.	Character	2	319	320	Optional		Refer to Appendix D for a listing of valid deduction types. If it is not applicable leave this field blank.
25	Deduction Amount	The amount of the deduction to be subtracted from the gross amount due owner. This field is specifically for property involving money.	Numeric	10	321	330	Optional		The deduction amount is a ten-digit, zero-filled field with 2 decimal places assumed. The decimal point is not actually entered. For example, \$253 = 0000025300 and \$253.73 = 0000025373. If not applicable, put zeroes in this field.
26	Amount Advertised	The total amount due the owner after deductions.	Numeric	10	331	340	Optional	Zeroes	This field is not applicable for Virginia.
27	Addition Type	The two-character code indicating the reason for additional shares or money being reported and due the owner.	Character	2	341	342	Optional	Spaces	This field is not applicable for Virginia.

Property Record Layout

Field Number	Field Name	Field Description	Field Type	Field Length	Starting Position	Ending Position	Required/Optional	Values	Comments
28	Addition Amount	The amount of any cash additions to be added to the original reported amount due the owner.	Numeric	10	343	352	Optional	Zeroes	This field is not applicable for Virginia.
29	Deletion Type	The two-character code indicating the reason for deleting this money, security or safekeeping property item.	Character	2	353	354	Optional	Spaces	This field is not applicable for Virginia.
30	Deletion Amount	The amount that was originally advertised for 1) a property item that has been claimed by the owner or 2) an account that has been reactivated or 3) a property that was reported in error.	Numeric	10	355	364	Optional	Zeroes	This field is not applicable for Virginia.
31	Amount Remitted	The amount due the owner after deductions. This amount is to be paid to the state of Virginia. This field is specifically for property involving money.	Numeric	10	365	374	Optional		The amount remitted is required for cash property. Otherwise, put zeroes in this field. The amount remitted is a ten-digit, zero-filled field with 2 decimal places assumed. The decimal point is not actually entered. For example, \$253 = 0000025300 and \$253.73 = 0000025373. DO NOT list a <i>Negative</i> amount.
32	Interest Flag	Indicates that this property is interest bearing.	Character	1	375	375	Optional	Space	This field is not applicable for Virginia.
33	Interest Rate	The current interest rate being earned on this interest-bearing account.	Numeric	7	376	382	Optional 		The interest rate pertains to interest-bearing cash property. It is a seven-digit, zero-filled field with 4 decimal places assumed. The decimal point is not actually entered. For example, 5.00% = 0050000 and 10.25% = 0001025. If not applicable, put zeroes in this field.

Property Record Layout

Field Number	Field Name	Field Description	Field Type	Field Length	Starting Position	Ending Position	Required/Optional	Values	Comments
34	Stock Issue Name	The name of the security issue which is due the owner. DO NOT enter more than one issue per property record. For example, brokers must provide one property record for each issue held in an owner's account. If this is a redemption, this field should contain the name of the successor. Make sure to indicate the kind of stock if it is other than common.	Character	25	383	407	Optional		Required for stock property; Otherwise, leave this field blank. Further clarification: When reporting stock where the owner has different issues and these issues will be due the owner, there should be a property record for each issue that will be due that owner. For example: Paul Smith owned 12 shares of ABC Office Supply Common, 4 shares of SABC Office Supply Preferred and 20 shares of Afterschool Snack Company Common. There should be 3 property records for Paul Smith.
35	Stock CUSIP	The CUSIP number for the stock issue named in item 34 above.	Character	9	408	416	Optional		Required for stock property. Otherwise, leave this field blank.
36	Number of Shares	The number of shares for stock issue named in item 34 above which is due the owner.	Numeric	12	417	428	Required		Required for stock property. Otherwise, put zeroes in this field. The number of shares is a twelve-digit, zero-filled field with 4 decimal places assumed. The decimal point is not actually entered. For example, \$582 = 000000058200, 546.85 = 000000054685 and 1,543.7334 = 000015437334.
37	Add Shares	The number of shares which have been added since the original (advertising) report.	Numeric	12	429	440	Optional	Zeroes	This field is not applicable for Virginia.
38	Delete Shares	The number of shares that have been deleted since the original (advertising) report.	Numeric	12	441	452	Optional	Zeroes	This field is not applicable for Virginia.
39	Remitted Shares	The actual number of shares remitted to the State of Virginia and due the owner. This should match the Number of Shares entered for item #36 above.	Numeric	12	453	464	Optional		Required for stock property. Otherwise, put zeroes in this field. The remitted shares is a twelve-digit, zero-filled field with 4 decimal places assumed. The decimal point is not actually entered. For example, \$582 = 000000058200, 546.85 = 000000054685 and 1,543.7334 = 000015437334.
40	Unexchanged Issue Name	Name of the security issue that is still in the owner's possession.	Character	25	465	489	Optional	Spaces	This field is not applicable for Virginia.
41	Unexchanged CUSIP	CUSIP number of the security issue that is still in the owner's possession.	Character	7	490	496	Optional	Spaces	This field is not applicable for Virginia.

Property Record Layout

Field Number	Field Name	Field Description	Field Type	Field Length	Starting Position	Ending Position	Required/Optional	Values	Comments
42	Unexchanged Shares	Number of shares that are still in the owner's possession.	Numeric	14	497	510	Optional	Spaces	This field is not applicable for Virginia.
43a	Description	Any information that will assist in identifying the owner of the property should be listed in the beginning of this field. For example: Acct 1234 or Policy 1234. Identifying numbers such as checking, savings, policy or any other account numbers should be included here. Other information, such as the number of a purchaser of a cashier's check or beneficiary of an insurance policy, should be listed here.	Character	27	511	537	Required		Further clarification: For reporting insurance related property, please specify "life insur", "property/casualty insur" or "accident/health insur" in the property description. For reporting an aggregate amount, list the number of properties which were combined for the aggregate entry in the property description. For example: "15 combined aggregate".
43b	Supplemental Description	See field 43a description.	Character	40	538	577	Optional		Required for property code "SC16", Mutual Fund Shares.

Additional Owner Record Layout

Field Number	Field Name	Field Description	Field Type	Field Length	Starting Position	Ending Position	Required/Optional	Values	Comments
1	TR Code	Denotes the type of record	Numeric	1	1	1	Required	3	
2	Sequence Number	Same as the sequence number from the property record for the primary owner.	Numeric	6	2	7	Optional	Zeros	This field is not applicable for Virginia.
3	Owner Type	Identifies the type of owner being reported.	Character	1	8	8	Optional	Space	It is assumed that all type "3" records are for additional owners.
4	Owner Name Last	The owner's last name or the company name or the business name. Company names containing initials should contain spaces between them (i.e., 'J J Reynolds' versus 'JJ Reynolds'). If the owner is an aggregate, enter "Aggregate" into this field. If the owner or owners are unknown, enter "Unknown" into this field. Virginia's aggregate dollar limit per account is \$50.00	Character	40	9	48	Required		Punctuation marks (commas, apostrophes, periods, etc.) are not acceptable. Do not use numerics unless absolutely necessary. Do not abbreviate the first word of the company. The word 'first' should never be abbreviated as '1st'. Exceptions can be made when a number is part of a company logo or registered trademark such as A1 Inc. or 84
5	Owner Name First	First name for this owner.	Character	30	49	78	Optional		If not available, leave this field blank.
6	Owner Name Middle	Middle name or initial for this owner.	Character	10	79	88	Optional		If not available, leave this field blank.
7	Owner Name Prefix	Prefix (e.g., M/M for Mr. and Mrs.).	Character	10	89	98	Optional		If not available, leave this field blank.
8	Owner Name Suffix	Suffix (e.g., Jr., Sr., II) for this owner if not already included in the last name.	Character	10	99	108	Optional		If not available, leave this field blank.
9	Owner Name Title	The owner's title such as Dr., Pvt., Rev. or profession.	Character	6	109	114	Optional		Do not use punctuation. If not applicable, leave this field blank.
10a	Owner Address 1	The first line of the last known address for this owner even if mail has been returned by the post office.	Character	30	115	144	Optional		When determining whether a claimant is the rightful owner, confirmation of this address is very important. If the owner's street address is unknown, leave this field blank. Do not fill with "Unknown" or "Address Unknown" or "n/a" or "na".
10b	Owner Address 2	The second line of the last known address for this owner.	Character	30	145	174	Optional		If the owner's street address is unknown, leave this field blank. Do not fill with "Unknown" or "Address Unknown" or "n/a" or "na".
10c	Owner Address 3	The third line of the last known address for this owner.	Character	30	175	204	Optional		If the owner's street address is unknown, leave this field blank. Do not fill with "Unknown" or "Address Unknown" or "n/a" or "na".

Additional Owner Record Layout

Field Number	Field Name	Field Description	Field Type	Field Length	Starting Position	Ending Position	Required/Optional	Values	Comments
11	Owner City	The city of the last known address for this owner.	Character	2	205	234	Optional		For addresses outside the United States, list the province, etc. If the owner's city is unknown, leave this field blank. Do not fill with "Unknown" or "Address Unknown" or "n/a" or "na".
12	Owner County	The county of the last known address for this owner.	Character	20	235	254	Optional	Spaces	This field is not applicable for Virginia.
13	Owner State	Two-character postal abbreviation for the owner's last known address state.	Character	2	255	256	Required		If the owner's last known address is unknown, use "NA" for this field. If the owner's last known address is outside the United States, use a state abbreviation of "FO".
14	Owner Zip	The 5 or 9 character zip code for the owner's last known address.	Character	9	257	265	Optional		If only a 5-character zip code, put spaces or zeroes in the remaining last 4 digits. For foreign addresses, leave this field blank. If unknown, leave this field blank.
15	Owner Country	The country of the last known address for this owner.	Character	3	266	268	Optional	Spaces	This field is not applicable for Virginia.
16	Owner Tax ID	For an individual owner, the Social Security Number (SSN). For a company, the Federal Employer Identification Number (FEIN).	Character	9	269	277	Required		When establishing ownership, the SSN/FEIN is very important. This number will be used for identification purposes only. It is confidential and will not be released as public information. If the owner's SSN is unknown, put zeroes in this field.
17	Owner Tax ID Extension	The owner's SSN or FEIN extension.	Character	2	278	279	Optional	Spaces	This field is not applicable for Virginia.
18	Owner Birth Date	The owner's date of birth.	Character	8	280	287	Optional		Date format must be YYYYMMDD where YYYY equals the year, MM equals the month and DD equals the day. If unknown, put spaces in this field.
19	Relationship Code	Code indicating who must claim the property.	Character	2	288	289	Required		Refer to Appendix E for a list of valid relationship codes.
20	Owner Sequence	A unique number for each additional owner record.	Numeric	3	290	292	Optional	Zeroes	This field is not applicable for Virginia.
21	Filler	Unused space in the record.	Character	285	293	577	Optional	Spaces	

Summary Record Layout

Field Number	Field Name	Field Description	Field Type	Field Length	Starting Position	Ending Position	Required/Optional	Values	Comments
1	TR Code	Denotes the type of record	Numeric	1	1	1	Required	4	
2	Number of Records	The total number of Holder, Property, Additional Owner and Summary records reported.	Numeric	6	2	7	Required		This number is 6 digits with no decimal places. The minimum value for this field is 2 which would include one Holder record and one Summary record for a negative report (no property).
3	Number of Properties	Total number of property records.	Numeric	6	8	13	Required		This number is 6 digits with no decimal places.
4	Amount Reported	Sum of the Amount Reported field for all Property records reported.	Numeric	12	14	25	Required		This number is 12 digits with 2 decimal places assumed. For example: \$1,300,233.93 = 000130023393.
5	Deduction Amount	Sum of the Deduction Amount field for all Property records reported.	Numeric	12	26	37	Required		This number is 12 digits with 2 decimal places assumed. For example: \$1,435,233.93 = 000143523393.
6	Amount Advertised	Sum of the Amount Advertised field for all Property records reported.	Numeric	12	38	49	Optional	Zeros	This field is not applicable for Virginia.
7	Addition Amount	Sum of the Addition Amount field for all Property records reported.	Numeric	12	50	61	Optional	Zeros	This field is not applicable for Virginia.
8	Deletion Amount	Sum of the Deletion Amount field for all Property records reported.	Numeric	12	62	73	Optional	Zeros	This field is not applicable for Virginia.
9	Amount Remitted	Sum of the Amount Remitted field for all Property records reported.	Numeric	12	74	85	Required	Zeros	This field is not applicable for Virginia.
10	Number of Shares	Sum of the Number of Shares field for all Property records reported.	Numeric	14	86	99	Required		This number is 14 digits with 4 decimal places assumed. For example: 1234.6789 = 00000012346789.
11	Shares Added	Sum of the Add Shares field for all Property records reported.	Numeric	14	100	113	Optional	Zeros	This field is not applicable for Virginia.
12	Shares Deleted	Sum of the Delete Shares field for all Property records reported.	Numeric	14	114	127	Optional	Zeros	This field is not applicable for Virginia.
13	Shares Remitted	Sum of the Number of Shares field for all Property records reported.	Numeric	14	128	141	Required		This number is 14 digits with 4 decimal places assumed. For example: 1234.6789 = 00000012346789.

Summary Record Layout

Field Number	Field Name	Field Description	Field Type	Field Length	Starting Position	Ending Position	Required/Optional	Values	Comments
14	Filler	Unused space in the record.	Character	436	142	577	Optional	Spaces	